



Eagles' Nest Early Learning Center
10655 Highway 119, Black Hawk, CO 80422
Phone: 303-582-0895

Child's Name:
Date of Birth:
Gender/Ethnicity/Race:

Enrollment Date:
Physical Address:

Mother/Guardian

Name:
Home Phone:
Physical Address:
City/State/Zip:
Cell Phone:
Work Phone:
Work Address:
City/State/Zip:
Email Address:

Father/Guardian:

Name:
Home Phone:
Physical Address:
City/State/Zip:
Cell Phone:
Work Phone:
Work Address:
City/State/Zip:
Email Address:

Emergency Contact & Approved Pickup:

Name:
Home Phone:
Cell Phone:
Relationship to child:
Approved for pickup: YES / NO
Contact in case of emergency: YES / NO

Emergency Contact & Approved Pickup:

Name:
Home Phone:
Cell Phone:
Relationship to child:
Approved for pickup: YES / NO
Contact in case of emergency: YES / NO

Emergency Contact & Approved Pickup:

Name:
Home Phone:
Cell Phone:
Relationship to child:
Approved for pickup: YES / NO
Contact in case of emergency: YES / NO



Please list person(s) NOT permitted to pick up your child:

Mother/Guardian

Signature: _____

Date: _____

Father/Guardian

Signature: _____

Date: _____

Parental Consent Form

If you do not give permission for an item, write NO over that item, and sign it.

Parent Handbook

I have read the parent handbook and I fully understand the written policies and procedures.

Parent or Guardian Signature

Date

Payment Policy

I have read and I fully understand the tuition payment policy for Eagles' Nest ELC.

Parent or Guardian Signature

Date

Pictures

I hereby authorize Eagles' Nest ELC to take photographs of my child. Photos will only be used in the center or classrooms. Pictures of your child will not be given out for social media or to the newspaper.

Parent or Guardian Signature

Date

Social Media and Newspaper

I here by authorize Eagles' Nest ELC to take photographs of my child and use on social media platforms and in the newspaper.

Parent or Guardian Signature

Date

Sleeping Cot

I give permission for Eagles' Nest ELC to provide my child with a sleeping cot during nap time. My child has permission to sleep on a cot at the age of one year old.

Parent or Guardian Signature

Date

Walks/Field Trips/Transportation

I give permission for my child to be taken on short walks around the center or to walk my child to and from Gilpin County School. When the class is not in their room or on the adjacent playground, a note will be posted on the door. The note will detail where the group is, when they left, and when they expect to return. Parent or guardian will be asked to sign a permission form for that trip.

Parent or Guardian Signature

Date

Transportation

Parents will receive information prior to any field trip that requires transportation and will be asked to sign a permission slip for that trip. I give permission to Eagles' Nest ELC staff to take my child on a previously informed field trip.

Parent or Guardian Signature

Date

Sunscreen

I give permission for an Eagles' Nest ELC staff member to REAPPLY sunscreen as needed. I understand that I need to bring a bottle with my child's name on it. Waterproof and all day formulas are recommended. I also understand that it is my responsibility to bring my child wearing sunscreen.

Parent or Guardian Signature

Date

Lotion/Topical Preparations/Bug Spray

I give permission to use lotion, bug spray, or diaper rash ointment, and any other ointment while at the center with written parental authorization or signed medical form for prescriptions. These preparations may not be applied to open wounds or broken skin unless there is a written order by the prescribing health care practitioner.

Parent or Guardian Signature

Date

TV/Video/Computer

I give permission for my preschool age child to have the use of computers, videos, and/or television. The use of media will be permitted only with the written approval of a parent or guardian. These activities will not contain inappropriate content. All children will be provided an alternative activity once they lose interest in the media activity. The use of the classroom computer is a free choice activity with time limits of 10 minutes.

Parent or Guardian Signature

Date

Emergency Medical Release Transportation

I understand that no emergency treatment may be given without parental consent except in a life-threatening situation. Because informed consent must be given at the time of the incident, I agree to leave numbers where I (or my spouse or a responsible adult designated by me) can be reached promptly (Emergency numbers can be found on page 1). Eagles' Nest Early Learning Center will provide first aid and take appropriate measures including contacting the emergency medical services (EMS) system. My child will be transported by an ambulance or other rescue vehicle to the nearest hospital or my hospital of choice only when his/her condition is life threatening. At no time will a staff member drive with my child to the hospital. I hereby authorize Eagles' Nest Early Learning Center to follow this procedure. Eagles' Nest Early Learning Center has permission to use discretion in securing medical aid in an emergency. The parent/legal guardian must pay all expenses incurred. Eagles' Nest ELC and/or its personnel responsible for obtaining medical aid will not be responsible for any expenses incurred.

Parent or Guardian Signature

Date

COLORADO CERTIFICATE OF IMMUNIZATION

www.coloradoimmunizations.com



COLORADO

Department of Public Health & Environment

This form is to be completed by a health care provider (physician (MD, DO), advanced practice nurse (APN) or delegated physician's assistant (PA)) or school health authority. School required immunizations follow the ACIP schedule. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at 6th grade entry.

Student Name: _____ Date of birth: _____

Parent/guardian: _____

Required Vaccines

Immunization date(s) MM/DD/YY

Titer Date*
MM/DD/YY

Hep B Hepatitis B							
DTaP Diphtheria, Tetanus, Pertussis (pediatric)							
Tdap Tetanus, Diphtheria, Pertussis							
Td Tetanus, Diphtheria							
Hib <i>Haemophilus influenzae</i> type b							
IPV/OPV Polio							
PCV Pneumococcal Conjugate							
MMR Measles, Mumps, Rubella							
Measles							
Mumps							
Rubella							
Varicella Chickenpox							

Varicella - date of disease		Varicella - positive screen date	
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*A positive laboratory titer report must be provided to the school to document immunity.

*The shaded area under "Titer Date" indicates that a titer is not acceptable proof of immunity for this vaccine.

Recommended Vaccines

Immunization date(s) MM/DD/YY

HPV Human Papillomavirus							
Rota Rotavirus							
MCV4/MPV4 Meningococcal							
Men B Meningococcal							
Hep A Hepatitis A							
Flu Influenza							
COVID-19							
Other							

Health care provider Signature or Stamp: _____ Date: _____

Student is current on required immunizations for age (circle one): Yes No

OR

Immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp: _____ Date: _____

(Optional) I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: _____ Date: _____

General Health Information

Please Attach the Following Items:

_____ Current Immunization Records

_____ Health Approval from your doctor's office

Doctor Name: _____
Address: _____
City: _____ Zip: _____
Phone: _____

Dentist Name: _____
Address: _____
City: _____ Zip: _____
Phone: _____

Hospital Preferred for Emergency Treatment: (Check One)

- _____ Boulder Community Foothills, 4745 Arapahoe Ave. Boulder, CO 80301 (303) 938-4710
_____ Children's Hospital, 13123 E. 16th Street, Aurora, CO (720) 777-1234
_____ Good Samaritan Medical Center, 200 Exempla Circle, Lafayette, CO 80026 (303)689-4000
_____ Lutheran Exempla Hospital, 8300 W. 38th Ave. Wheat Ridge, CO 80033 (303)425-4500
_____ Other (if other please fill in information below)

Name: _____ Phone: _____
Address: _____ City: _____ Zip: _____

Health Insurance: _____

Policy Number: _____
Group Number: _____

Describe any recurrent health problems / medical conditions (such as asthma, seizures, ear infections, diabetes, etc.) illness, hospitalization or concerns with development:

- _____ None
_____ Describe (please include a doctor's note with instructions for Eagles' Nest Early Learning Center Staff)

Surgery, Accidents, Illnesses, Chronic, or Handicapping Problems: _____

Special Diet: _____

Allergies and Type of Reaction: _____

Drug Reactions: _____

Current Medications: _____

Note: Before any Eagles' Nest Early Learning staff may dispense ANY medication, including over the counter medication, a Medication Administration form must be completed and signed by the doctor and parent/guardian and returned to us. Forms are available from your classroom teachers.

GENERAL HEALTH APPRAISAL FORM

PARENT please complete AND SIGN

Child's Name: _____ **Birthdate:** _____

Allergies: None or Describe _____
Type of Reaction _____

Diet: Breast Fed Formula _____ Age Appropriate
 Special Diet _____

Sleep: Your health care provider recommends that all infants less than 1 year of age be placed on their back for sleep.

Preventive creams/ointments/sunscreen may be applied as requested in writing by parent unless skin is broken or bleeding.

I, _____ give consent for my child's care health provider, school child care or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (& applicable attachments) to my child's school, child care or camp personnel. FAX #: _____ DATE: _____

Parent/Guardian Signature _____

HEALTH CARE PROVIDER: Please Complete After Parent Section Completed

Date of Last Health Appraisal: _____ **Weight @ Exam:** _____

Physical Exam: Normal Abnormal (Specify any physical abnormalities) _____

Allergies: None or Describe _____ Type of Reaction _____

Significant Health Concerns: Severe Allergies Reactive Airway Disease Asthma Seizures Diabetes Hospitalizations
 Developmental Delays Behavior Concerns Vision Hearing Dental Nutrition Other _____

Explain above concern (if necessary, include instructions to care providers): _____

Current Medications/Special Diet: None or Describe _____
Separate medication authorization form is required for medications given in school, child care or camp

For Fever Reducer or Pain Reliever (for 3 consecutive days without additional medical authorization) PLEASE CHOOSE ONE PRODUCT

Acetaminophen (Tylenol) may be given for pain or fever over 102 degrees every 4 hours as needed
Dose _____ or see the attached age-appropriate dosage schedule from our office

OR Ibuprofen (Motrin, Advil) may be given for pain or for fever over 102 degrees every 6 hours as needed
Dose _____ or see the attached age-appropriate dosage schedule from our office

Immunizations: Up-to-Date See attached immunization record Administered today: _____

Health Care Provider: Complete if Appropriate

****ONLY REQUIRED BY EARLY HEAD START AND HEAD START PROGRAMS PER STATE EPSDT SCHEDULE****

**** Height @ Exam _____ ** B/P _____ **Head Circumference (up to 12 months) _____ ****

**** HCT/HGB _____ ** Lead Level Not at risk or Level _____**

****TB Not at risk or Test Results Normal Abnormal**

****Screenings Performed: Vision: Normal Abnormal Hearing: Normal Abnormal Dental: Normal Abnormal-**

Recommended Follow-up _____

Provider Signature

Next Well Visit: Per AAP guidelines* or Age _____

This child is healthy and may participate in all routine activities in school sports, child care or camp program. Any concerns or exceptions are identified on this form.

Signature of Health Care Provider (certifying form was reviewed) Date: _____

Office Stamp
Or write Name, Address, Phone, #

The Colorado Chapter of the American Academy of Pediatrics (AAP) and Healthy Child Care Colorado have approved this form. 04/07
*The AAP recommends that children from 0-12 years have health appraisal visits at: 2, 4, 6, 9, 12, 15, 18 and 24 months, and age 3, 4, 5, 6, 8, 10 and 12 years.
Copyright 2007 Colorado Chapter of the American Academy of Pediatrics



Dear Families,

Keeping you involved with eh school and your child's daily experiences has always been a priority of ours. We are extremely excited to inform you that we use a program called **Tadpoles!**

From Tadpoles, teachers can send photos and videos to allow you to see a glimpse into your child's day! Teachers will create a daily report for each child. This daily report will keep you informed of all the daily activities, meals, and snacks served to your child, and how long they napped each day. All photos, videos and daily reports are emailed to you directly and you can also access them via free Tadpoles Parent App, available on Apple and Android devices, or online at www.tadpoles.com as well!

To create your account online, please use the following steps:

Visit www.tadpoles.com and click log in at the top right

Select Parents on the left

Choose sign up under "use a tadpoles account"

Use the email address that is currently on file with our school

If it is a Gmail account, you can sign right into the account

If it is not a Gmail account, enter your email, choose and submit and check your email for the link to establish your password

The same login information will be used to access your account vis the free Tadpoles Parent app as well.

Each classroom is quipped with an iPad which is specifically used for the Tadpoles program. If you see a teacher on what looks like a phone or tablets, rest assured, they are only using the device to input information into Tadpoles.

We consider all information captured with Tadpoles to be a private communication between our school and our families. No personal information is shared with any external parties and as a parent you will only receive information specifically about your child. The confidentiality of all information is maintained through the security features of the Tadpoles software.

We fell confident that you will love Tadpoles and the level of involvement it allows you to have with your child's daily experiences while at our school. We are happy to answer any questions or concerns you may have about this exciting program!

If you are unable to create an account or not receiving end of day emails after your first week of enrollment, please contact Kayla to update your email,

Thank you from the teachers!

Curriculum

At Eagles' Nest Early Learning Center we are dedicated to providing a caring, nurturing learning environment that focuses on the child as a whole, while offering fun and engaging learning activities throughout the day. To facilitate this we utilize Creative Curriculum Teaching Strategies, Butterfly Phonics Program, and ABC Music and Me Program.

We use Creative Curriculum in all of our classrooms. Using this curriculum, the daily routines of our classrooms are full of meaningful experiences creating a foundation for early learning. This comprehensive curriculum allows teachers to use a developmentally appropriate practice approach and program blueprints. The program is dedicated to the behalf that children learn through for types of play: functional, constructive, dramatic, and games with rules. This teacher-driven play allows children to learn about the world around them, think about what they are doing and ask questions, learn the different use of play materials, and create relationships socio-dramatic play. The Creative Curriculum educator has a keen sense of watching for opportunities to encourage children to learn, expand their knowledge of the world around them, and master challenges.

We also utilize the Butterfly Park Phonics program in our Toddler Two and Pre-k rooms. This research- supported action-based program is aimed at providing a reading foundation for each child that is focused on letters and sounds of the alphabet.

Additionally, we offer Abc Music and Me Music Program through Kindermusik in our Preschool room. This program allows for children to be exposed to many different types of musical instruments and provides children the understanding needed to see patterns in music and nature and to respond to music emotionally.

Culture of Wellness/ I am moving I am Learning is our health, nutrition and safety program that supports healthy lifestyle habits such as children trying new and healthy foods, supporting physical activities at least 60 minutes per day, and limiting screen time. This program is made up of a parent and teacher bora that meets mostly monthly to implement new healthy attributes to our curriculum and daily routines.

Mission Statement

We are a community supported, non profit child care center whose services are designed to foster early, quality education for children by providing nurturing, positive environments of love to develop self awareness and confidence while parents are either working , in school or in training. Eagles' Nest Early Learning Center does not discriminate on the basis of income level, race/ ethnicity, mental or physical handicap, sexual orientation, or religious preference in its hiring practices or in its admission of children or families to its childcare facility.

Philosophy

- Allow every child to grow through the process of childhood in their own unique way.
- Enhance the development of self-awareness, self-esteem, and self-confidence.
- Nurture trust through consistency and security with simple guidelines.
- Work closely with parents to meet the social, emotional, physical and cognitive needs of each child.
- Surround each child with a happy positive environment of love and a variety of learning opportunities.

General Information

Location:

Eagles' Nest Early Learning Center

10655 Hwy 119

Black Hawk, CO 80422

Phone: 303-528-0895

Fax: 303-582-0895

Director: Salina Gomez

Email: Salina@eaglesnestelc.org

Days: Monday-Thursday

Hours of Operation: 7:30am-5:00pm



Eagles' Nest Early Learning Center

10655 Highway 119 Black Hawk, Colorado 80422

303-582-0895

	Infant Room	Toddler Room	Preschool Room
Full-Time Weekly Rate	\$290	\$250	\$230
Full Day Daily Rate	\$87	\$77	\$72
Half Day Daily Rate	\$67	\$62	\$57
Drop-In Rate (Full Day Only)	\$102	\$92	\$87

- **Full-Time Weekly:**
Vacation days may be used to cover days the center is closed
- **Full or Half Day Daily:**
No vacation days
Half Day 7:30am – 12pm
- **Drop-In Status:**
Not guaranteed- must call to check availability and only available to students who regularly attend Full Days only
- Eagles' Nest emails invoices out by the Friday before the week of care. Payments are due Monday the week of care. If payment is not received by Thursday, a **10% late fee** will be applied.
- If your child is absent on a scheduled day or a day that Eagles' Nest is closed (i.e. holiday or weather/emergency closure), you are still responsible for paying for that day.
- Late pickup Fee: **\$2.00 per minute** past the scheduled Half Day, or past 5pm for Full Days and Full-Time Weekly.
- Family Discount: 10% off the oldest child enrolled.
- Registration Fee \$75 per child. With siblings: the first, \$75, and each child after, \$50 each.
- Supply Fee \$50 per child, per school year.